

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2018</b>	
Mailing Address <b>PO Box 9825</b>		Amount <b>398749.26</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22219</b>	Transaction ID : <b>001</b>
Purpose of Expenditure <b>Media placement</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2018</b>	
Name of Federal Candidate <b>O'Connor, Danny, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2374852.98</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special General</b>	

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2018</b>	
Mailing Address <b>PO Box 9825</b>		Amount <b>15300.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22219</b>	Transaction ID : <b>002</b>
Purpose of Expenditure <b>Media production</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2018</b>	
Name of Federal Candidate <b>O'Connor, Danny, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2390152.98</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special General</b>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>414049.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>414049.26</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 26 / 2018**

Signature